
State: Arkansas **Filing Company:** ReliaStar Life Insurance Company
TOI/Sub-TOI: A02I Individual Annuities- Deferred Non-Variable/A02I.002 Flexible Premium
Product Name: 137354(08/12)
Project Name/Number: 137354(08/12)/137354(08/12)

Filing at a Glance

Company: ReliaStar Life Insurance Company
Product Name: 137354(08/12)
State: Arkansas
TOI: A02I Individual Annuities- Deferred Non-Variable
Sub-TOI: A02I.002 Flexible Premium
Filing Type: Form
Date Submitted: 10/25/2012
SERFF Tr Num: INGD-128742320
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: 137354(08/12)

Implementation: On Approval
Date Requested:
Author(s): Michele Michaud, Patricia Smith, Melissa Cheyney
Reviewer(s): Linda Bird (primary)
Disposition Date: 11/01/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas
TOI/Sub-TOI: A021 Individual Annuities- Deferred Non-Variable/A021.002 Flexible Premium
Product Name: 137354(08/12)
Project Name/Number: 137354(08/12)/137354(08/12)

Filing Company: ReliaStar Life Insurance Company

General Information

Project Name: 137354(08/12)
Project Number: 137354(08/12)
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Deemer Date:
Submitted By: Melissa Cheyney
Filing Description:
RE: ReliaStar Life Insurance Company, NAIC 67105, FEIN 41-0451140
Fixed Annuity Application 137354(08/12)

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments: The domicile state is being filed concurrently.
Market Type: Individual
Individual Market Type:
Filing Status Changed: 11/01/2012
State Status Changed: 11/01/2012
Created By: Melissa Cheyney
Corresponding Filing Tracking Number:

The above mentioned application is being submitted for your review and approval. It contains no unusual or controversial provisions from normal company or industry standards.

Form 137354(08/12) replaces Form 137354 (11/09), previously approved by your office on 12/11/2009. We have revised this form to bring the fraud language and replacement language up to date. We have also incorporated the company's new branding standards.

This form will be available in a paper format as well as in a PDF fillable format, which will be identical to its paper format. In the future, it will have the capability to be downloaded and signed with an encrypted signature pad. There are no plans for this application to be completed over the internet or for application to be taken over the phone.

This document is submitted in PDF format, subject to only minor modification in paper size and stock, company logo, adaptation to computer printing and inclusion of bar codes. This form has been tested for Flesch readability, and it has attained a score of 51.4.

We would like to begin using this form as soon as possible after approval; therefore your earliest review would be appreciated.

Should you have questions or comments, please do not hesitate to call me at (860) 580-2801 or e-mail me at melissa.cheyney@us.ing.com. Thank you for your consideration.

Company and Contact

Filing Contact Information

Melissa Cheyney, Contract Analyst
One Orange Way
Windsor, CT 06095-4774

Melissa.Cheyney@us.ing.com
860-580-2801 [Phone]
860-580-4844 [FAX]

State: Arkansas
TOI/Sub-TOI: A021 Individual Annuities- Deferred Non-Variable/A021.002 Flexible Premium
Product Name: 137354(08/12)
Project Name/Number: 137354(08/12)/137354(08/12)

Filing Company Information

ReliaStar Life Insurance Company
20 Washington Avenue South
Minneapolis, MN 55401
(860) 654-8065 ext. [Phone]

CoCode: 67105
Group Code: 229
Group Name:
FEIN Number: 41-0451140

State of Domicile: Minnesota
Company Type:
State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$125.00
Retaliatory? No
Fee Explanation: Retaliatory Fee of \$125.00 - Domicile state of MN
Per Company: No

Company	Amount	Date Processed	Transaction #
ReliaStar Life Insurance Company	\$125.00	10/25/2012	64257505

SERFF Tracking #:	INGD-128742320	State Tracking #:		Company Tracking #:	137354(08/12)
State:	Arkansas	Filing Company:	ReliaStar Life Insurance Company		
TOI/Sub-TOI:	A021 Individual Annuities- Deferred Non-Variable/A021.002 Flexible Premium				
Product Name:	137354(08/12)				
Project Name/Number:	137354(08/12)/137354(08/12)				

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/01/2012	11/01/2012

SERFF Tracking #:	INGD-128742320	State Tracking #:		Company Tracking #:	137354(08/12)
State:	Arkansas	Filing Company:	ReliaStar Life Insurance Company		
TOI/Sub-TOI:	A021 Individual Annuities- Deferred Non-Variable/A021.002 Flexible Premium				
Product Name:	137354(08/12)				
Project Name/Number:	137354(08/12)/137354(08/12)				

Disposition

Disposition Date: 11/01/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability (SOV)		Yes
Form	Fixed Annuity Application		Yes

State:	Arkansas	Filing Company:	ReliaStar Life Insurance Company
TOI/Sub-TOI:	A021 Individual Annuities- Deferred Non-Variable/A021.002 Flexible Premium		
Product Name:	137354(08/12)		
Project Name/Number:	137354(08/12)/137354(08/12)		

Form Schedule

Lead Form Number: 137354(08/12)									
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments
1		Fixed Annuity Application	137354(08/12)	AEF	Revised	Previous Filing Number:	INGD-126327524	51.400	137354(08-12) Bracketed for most states.pdf
						Replaced Form Number:	137354 (11/09)		

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

FIXED ANNUITY APPLICATION

ReliaStar Life Insurance Company

(the "Company")

[A member of the ING family of companies]

Home Office: 20 Washington Avenue South, Minneapolis, MN 55401-1900

ING Service Center Administrative Address: PO Box 5050, Minot, ND 58702-5050]

**IMPORTANT NOTICES****Internal Revenue Code Definition of Spousal Beneficiary**

Pursuant to federal law (the Defense of Marriage Act of 1996), certain favorable federal tax treatment available to opposite-sex spouses is not available to same-sex spouses. For instance, federal tax law allows a surviving spouse who is designated the beneficiary under a non-qualified annuity or an IRA annuity to continue the annuity when the owner dies. For 403(b) contracts and those issued in connection with other qualified plans, federal tax law may allow a beneficiary who is an opposite-sex spouse to have more favorable options in connection with required minimum distributions than a beneficiary who is a same-sex spouse. If you are a same-sex spouse, we suggest that you consult with a tax advisor prior to purchasing an annuity contract, such as this one, which provides spousal benefits.

Below are notices that apply only in certain states. Please read the following carefully to see if any apply in your state.

Alaska: Information provided by the applicant are representations and not warranties.

If you need additional information regarding the benefits and provisions within this contract, please submit a written request to ING Customer Service Center, PO Box 5050, Minot, ND, 58702. Upon receipt of your request, we will provide you with the requested information within 10 days.]

Arizona Right to Cancel Notice: The contract owner can request at any time information from the Company regarding benefits and provisions of this contract and the Company will respond within a reasonable period of time and provide the requested reasonable factual information. If for any reason you are not satisfied with the Contract you may return it within fifteen days of receipt, or within thirty days of receipt if you are sixty-five years of age or older as of the date the application was signed or if the Contract is replacing another existing life insurance or annuity contract, for a refund of all deposits.

California Reg. 789.8: The sale or liquidation of any stock, bond, IRA, certificate of deposit, mutual fund, annuity, or other asset to fund the purchase of this product may have tax consequences, early withdrawal penalties, or other costs or penalties as a result of the sale or liquidation. You or your agent may wish to consult independent legal or financial advice before selling or liquidating any assets and prior to the purchase of any life or annuity products being solicited, offered for sale, or sold.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Illinois Civil Union Notice: Effective June 1, 2011, for contracts issued in Illinois, the Company is in compliance with the Illinois Religious Freedom Protection and Civil Union Act (Public Act 96-1513) to the extent allowed pursuant to the federal Defense of Marriage Act of 1996 ("DOMA").

Illinois Public Act 96-1513 ("The Act") provides that civil union couples as defined in the Act are entitled to the same legal obligations, responsibilities, protections and benefits that are afforded or recognized by the laws of Illinois to spouses in a marriage.

Under DOMA, however, certain favorable federal tax treatment available to opposite-sex spouses is not available to same-sex spouses or partners in a civil union, e.g. spousal continuation. If you are a same-sex spouse or civil union partner, we suggest that you consult with a tax advisor prior to purchasing an annuity contract, such as this one, which provides spousal benefits.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Louisiana, New Mexico, Rhode Island: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Hampshire: The federal Defense of Marriage Act states that neither civil union partners nor same gender married couples are considered married under federal law. Therefore the favorable tax treatment provided by federal tax law to a surviving spouse is NOT available to a surviving civil union partner or the surviving spouse of a same gender married couple. For information regarding federal tax laws, please consult a tax adviser.]

IMPORTANT NOTICES *(continued)*

New Jersey: Any person who includes any false or misleading information on an application for an annuity is subject to criminal and civil penalties.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: WARNING - Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Virginia, Washington: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Washington, DC: WARNING - It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicants.

Arkansas, Hawaii, Maine, and Tennessee: Any person who knowingly and with intent to injure, defraud or deceive any insurance company, submits an application for insurance containing any materially false, incomplete, or misleading information, or conceals for the purpose of misleading, any material fact, is guilty of insurance fraud, which is a crime and in certain states, a felony. Penalties may include imprisonment, fine, denial of benefits, or civil damages.]

MAILING INSTRUCTIONS

[Make checks payable to: **ReliaStar Life Insurance Company**

If sending **only** an application, mail to:

Standard Mail:
ReliaStar Life Insurance Company
PO Box 5050
Minot, ND 58702-5050

Overnight Delivery:
ReliaStar Life Insurance Company
2000 21st Ave. NW
Minot, ND 58703

If sending **both** check and application, mail to:

Standard Mail:
ReliaStar Life Insurance Company
PO Box 2280
New York, NY 10116

Overnight Delivery:
ReliaStar Life Insurance Company
Box 2280
4 Chase Metrotech Center, 7th Floor
New York, NY 11245]

FIXED ANNUITY APPLICATION

ReliaStar Life Insurance Company

(the "Company")

[A member of the ING family of companies]

Home Office: 20 Washington Avenue South, Minneapolis, MN 55401-1900

ING Service Center Administrative Address: PO Box 5050, Minot, ND 58702-5050]

**1. ANNUITANT** *(Must be the same as Owner for TSA, IRA, Roth IRA, or Roth 403(b).)*

Name _____ Birth Date _____

Street Address **(Required)** _____ SSN **(Required)** _____PO Box (if applicable) _____ Sex ☐ Male ☐ Female

City _____ Phone _____

State _____ ZIP _____ Alternate Phone _____

Joint Annuitant *(Available only for the ING MVA non-qualified product.)*

Name _____ Birth Date _____

Street Address **(Required)** _____ SSN **(Required)** _____PO Box (if applicable) _____ Sex ☐ Male ☐ Female

City _____ Phone _____

State _____ ZIP _____ Alternate Phone _____

2. OWNER *(Complete this section if applicable to selected contract and owner is different than Annuitant. If owner is different from annuitant, also provide owner's signature in section 9 of application. If a non-natural owner, please provide proper documents; e.g., first and last page of trust, corporate resolution, etc.)*

Name _____ Birth Date _____

Street Address **(Required)** _____ SSN/TIN **(Required)** _____PO Box (if applicable) _____ Sex ☐ Male ☐ Female

City _____ Phone _____

State _____ ZIP _____ Alternate Phone _____

Joint Owner *(Available only for the ING MVA non-qualified product.)*

Name _____ Birth Date _____

Street Address **(Required)** _____ SSN/TIN **(Required)** _____PO Box (if applicable) _____ Sex ☐ Male ☐ Female

City _____ Phone _____

State _____ ZIP _____ Alternate Phone _____

3. BENEFICIARY(S) (Must be completed unless the annuity is part of a Plan subject to the Employee Retirement Income Security Act of 1974 (ERISA). Beneficiaries of ERISA plans must be designated using the Beneficiary Election/Change Request - ERISA form.)

Beneficiary proceeds will be split equally if no percentages are provided.

Note: For non-qualified contracts, if there are Joint Owners, death proceeds are paid first to the surviving Joint Owner.

Primary Beneficiary

Name _____ Birth Date _____ Percent _____ %

SSN/TIN _____ Sex ☐ Male ☐ Female Relationship to Annuitant _____

Address _____

☐ Primary ☐ Contingent Beneficiary

Name _____ Birth Date _____ Percent _____ %

SSN/TIN _____ Sex ☐ Male ☐ Female Relationship to Annuitant _____

Address _____

☐ Primary ☐ Contingent Beneficiary

Name _____ Birth Date _____ Percent _____ %

SSN/TIN _____ Sex ☐ Male ☐ Female Relationship to Annuitant _____

Address _____

☐ Primary ☐ Contingent Beneficiary

Name _____ Birth Date _____ Percent _____ %

SSN/TIN _____ Sex ☐ Male ☐ Female Relationship to Annuitant _____

Address _____

Use the space in section 8 if you need to list more Beneficiaries. Be sure to designate whether additional Beneficiaries are Primary or Contingent.

4. PRODUCT SELECTION AND PLAN TYPE

All products and plan types may not be available in all states.
Place a check mark in the box corresponding to your product and plan type selection.

Product/Plan Type	TSA Individual	Roth 403(b)	457 Individual	457 Group	Non-Qualified	IRA	SEP-IRA	Roth IRA
QuintaFlex II			N/A					
ING Premier Flex (Indiv or Grp)			N/A					
ING Premier 3 (Indiv or Grp)		N/A	N/A					
ING Premier 5 (Indiv)		N/A	N/A	N/A				
ING SelectStep -With Modified Repurchase Provision (Indiv)		N/A	N/A	N/A				
<input type="checkbox"/> Elect to Modify								
ING SelectStep - Without Modified Repurchase Provision (Indiv)		N/A	N/A	N/A				
ING SingleSaver Annuity (Indiv or Grp)			N/A		N/A		N/A	
ING MVA (Indiv)		N/A		N/A				
Other: _____								

If you have elected a Roth 403(b), indicate the first year you made a contribution to any previously established Roth 403(b) account in your employer's plan: _____. If no year is provided, we will use the first year a payment is applied to this contract.

If you selected a Market Value Adjusted (MVA) Annuity, please check one duration period (years) below:
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

5. REPLACEMENT (Must be completed.)**1. Do you have any existing life insurance policies or annuity contracts?**

☐ **Yes¹ (Answer questions 2a, 2b, and 3 below.)** ☐ **No (Continue to section 6.)**

2. Are you planning to replace existing life insurance policies or annuity contracts by:

a) Discontinuing premium payments, surrendering, forfeiting, assigning to the new insurer, or otherwise terminating your existing **life insurance policy**? ☐ Yes ☐ No

b) Surrendering, forfeiting, assigning to the new insurer, or otherwise terminating your existing **annuity contract**? ☐ Yes ☐ No

3. Are you planning to use any portion of the existing cash value from your existing life insurance policies or annuity contracts to purchase the proposed annuity contract? ☐ Yes ☐ No

¹If you reside in a state that has implemented the Model Replacement Regulation, please complete and return with this application a copy of your state's replacement form as provided by your insurance producer regardless of your answers to questions 2a, 2b, or 3 above. For all other states, if you answer "Yes" to questions 2a, 2b, or 3 above, please complete and return with this application a copy of your state's replacement form(s) as provided by your insurance producer.

6. EMPLOYER (Must be completed for TSA, Roth 403(b), and 457.)

Employer Name _____

Contact Name _____ Phone _____

Mailing Address _____

City _____ State _____ ZIP _____

7. PAYMENT AND BILLING INFORMATION (Select all options that apply.)

Initial Purchase Payment will be made by:

☐ Check (attached) \$ _____

☐ Other Source of Payment \$ _____

Applicable Tax Year (IRA/Roth IRA only): _____

Describe: _____

☐ Exchange/Transfer/Rollover

Purchase Payments (The Company does not accept purchase payments using money orders for amounts over \$5,000 and may reject payments made by cashier's check, bank drafts, bank checks and treasurer's checks. All purchase payment checks must be made payable to ReliaStar Life Insurance Company.)

☐ Monthly Electronic Fund Transfer (EFT). (Does not apply to TSA or 457. Attach EFT request.)

The purchase payments are:	Payment Amount	X	# of Payments	=	Annual Purchase Payment	1st Remittance Date
1. <input type="checkbox"/> Employee Contributions	1.				\$	
2. <input type="checkbox"/> Employer Contributions	2.				\$	
Total Annual Purchase Payment (12-month Period Only)					\$	

A Salary Reduction Agreement or Amendment to Employment Contract is required for 403(b), Roth 403(b) and 457 plans.

8. SPECIAL INSTRUCTIONS *(If necessary, attach a sheet signed and dated by the owner(s) containing any additional instructions.)*

9. APPLICANT SIGNATURES AND ACKNOWLEDGEMENTS *(Please read carefully and sign below.)*

Important Information: To help the government fight the funding for terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means to you: When you apply for an annuity, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

I agree that, to the best of my knowledge and belief, all statements and answers in this form are complete and true and may be relied upon in determining whether to issue the applied for fixed annuity. Only the owner and ReliaStar Life Insurance Company have the authority to modify this form. I also represent that the Social Security Number or Tax Identification Number shown on this form is correct.

I believe the annuity I am applying for is suitable based on my insurance needs and financial objectives.

Make checks payable **ONLY** to ReliaStar Life Insurance Company. Do not make checks payable to the insurance producer, an agency or another company. Only the President, Vice President, or Secretary of ReliaStar Life Insurance Company may modify, discharge or waive any of its rights under the contract.

[**ING MVA ANNUITY ONLY:** Amounts are subject to a Market Value Adjustment prior to a date specified in the contract. The contract for which I am applying contains a Market Value Adjustment that may increase or decrease the values in the contract.]

ACKNOWLEDGEMENT OF 403(b) WITHDRAWAL RESTRICTIONS

For employees purchasing a 403(b) contract: I understand the Internal Revenue Code restrictions on withdrawals from a 403(b) tax-deferred annuity, which generally prohibit withdrawals prior to my death, disability, attainment of age 59 1/2, severance from employment or financial hardship. More specific information about these restrictions can be found in the Withdrawals section of the contract. I understand these restrictions do not apply to exchanges to other investment alternatives under my Employer's 403(b) Plan, transfers made to another Employer's 403(b) plan or transfers made to a governmental defined benefit plan to purchase service credit unless further restricted by my Employer's 403(b) written plan.

Signed at **(Both city & state required)** _____ Date **(Required)** _____

Annuitant Signature _____

Joint Annuitant Signature *(if applicable)* _____

Owner Signature *(if different from Annuitant)* _____ Title _____

Joint Owner Signature *(if applicable)* _____

10. INSURANCE PRODUCER INFORMATION AND SIGNATURE

1. To your knowledge, does the applicant have any existing life insurance policies or annuity contracts?
☐ Yes¹ (Answer questions 2a, 2b and 3 below.) ☐ No (Omit questions 2a, 2b and 3 below.)
2. Is the applicant planning to replace an existing life insurance policy or annuity contract by:
 - a) Discontinuing premium payments, surrendering, forfeiting, assigning to the new insurer, or otherwise terminating their existing **life insurance policy**? ☐ Yes ☐ No
 - b) Surrendering, forfeiting, assigning to the new insurer, or otherwise terminating their existing **annuity contract**? ☐ Yes ☐ No
3. Is the applicant planning to use any portion of the existing cash value from their existing **life insurance policies or annuity contracts** to purchase the proposed annuity contract? ☐ Yes ☐ No

¹If the applicant resides in a state that has implemented the Model Replacement Regulation, please complete and return with this application a copy of the appropriate state's replacement form regardless of your answers to questions 2a, 2b, and 3 above. For all other states, if you answer "Yes" to questions 2a, 2b, or 3 above, please complete and return with this application a copy of the appropriate state's replacement form(s).

Customer Identification (Choose one.)

- ☐ I certify that I personally met with the proposed owner(s) and reviewed government issued identification documents. To the best of my knowledge it accurately reflects the identity of the proposed owner(s).
- ☐ I was unable to personally review the customer's identification documents for the reason stated below. I certify that, to the best of my knowledge, the information provided by the owner(s) is true and accurate.

Reason _____

Note: Failure to review the identification documents may delay the application process. The insurance producer or owner may be contacted to provide additional information to validate the identity above.

I understand that misrepresentations in connection with this or other certifications in the Company's application documents may result in disciplinary action, termination, civil action, or prosecution for violation of state or federal criminal laws.

Compensation Alternative (Choose one. The insurance producer is responsible for selecting the commission option desired. Commission options may differ by product; refer to the compensation schedule or internal exchange guidelines compensation grid for a description of the available options. If no option is selected, we will use the default option as it appears on your compensation schedule.)

☐ Option A ☐ Option B ☐ Option C ☐ Option D ☐ Option I ☐ HiLo ☐ Other _____]

Note: **All insurance producers must sign below if compensation will be split.** Compensation will be split equally if no percentages are indicated. Partial percentages will be rounded up. Insurance producer #1 will be given the highest percentage in the case of unequal percentages. Insurance producer #1 will receive all correspondence regarding the contract.

By signing below you certify: 1) that you have truly and accurately recorded on the application the information provided by the applicant, 2) any sales material was shown to the applicant and a copy was left with the applicant, 3) you used only insurer-approved sales material, 4) you have not made statements that differ from the sales material, and 5) no promises were made about the future value of any contract elements that are not guaranteed. (This includes any expected future index gains that may apply to this contract.)

I acknowledge that I believe that the annuity for which the owner(s) is applying is suitable to the financial needs and objectives of the owner(s). I base this belief on the information the owner(s) provided and on everything I know at this time.

Insurance Producer #1

Name (Print) _____ Signature _____

Insurance Producer # _____ Insurance Producer Profile Code² _____ Split (Complete even if 100%.) _____ %

Insurance Producer #2

Name (Print) _____ Signature _____

Insurance Producer # _____ Insurance Producer Profile Code² _____ Split _____ %

Insurance Producer #3

Name (Print) _____ Signature _____

Insurance Producer # _____ Insurance Producer Profile Code² _____ Split _____ %

²If not provided, we will default to an "as earned" profile code.

SERFF Tracking #:	INGD-128742320	State Tracking #:	Company Tracking #:	137354(08/12)
State:	Arkansas	Filing Company:	ReliaStar Life Insurance Company	
TOI/Sub-TOI:	A021 Individual Annuities- Deferred Non-Variable/A021.002 Flexible Premium			
Product Name:	137354(08/12)			
Project Name/Number:	137354(08/12)/137354(08/12)			

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:	Attached is the compliance certification.		
Attachment(s):			
AR Cert - 19.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability (SOV)		
Comments:	Attached is the Statement of Variability for Form 137354(08/12)		
Attachment(s):			
137354(08-10) Generic SOV.pdf			

STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE

CARRIER: ReliaStar Life Insurance Company

FORM NUMBER(S)

FORM TITLE(S)

137354(08/12)

Fixed Annuity Application

I hereby certify that to the best of my knowledge and belief the above form submission complies with Rule and Regulation 19s10 as well as all applicable requirements for the State of Arkansas.



Signature of Officer or Representative

Melissa V. Cheyney

Name

Contract Analyst

Title and/or Business Affiliation

10/25/2012

Date

STATEMENT OF VARIABILITY
137354(08/12)

October 19, 2012

Page 1

Tag Line: *[A member of the ING family of companies]*

- We reserve the right to modify the title to correctly reflect the name of our entity within the application.

Address: *[Home Office: 20 Washington Avenue South, Minneapolis, MN 55401-1900
ING Service Center: PO Box 5050, Minot, ND 58702-5050]*

- We reserve the right to modify the company address to the extent necessary to accurately reflect current company operations.

Logo: *[ING - lion.]*

- We reserve the right to modify the logo to correctly reflect the corporate identity.

Marketing slogan: *[Your future. Made easier.]*

- We reserve the right to modify the logo to correctly reflect the corporate identity.

Important Notices: *[Internal Revenue Code Definition....within 10 days.] [Californiaa tax adviser.]*

- The important notices may change depending upon the most current federal and state mandated notices that should appear on the application.

Page 2

Important Notices: *[New Jersey: Any personor civil damages.]*

- The important notices may change depending upon the most current federal and state mandated notices that should appear on the application.

Mailing Instructions: *[Note: Make checks payable.....New York, NY 11245]*

- We reserve the right to change to whom and where a check is sent to correctly reflect a current processing location.

Page 3

Tag Line: *[A member of the ING family of companies]*

- We reserve the right to modify the title to correctly reflect the name of our entity within the application.

Address: *[Home Office: 20 Washington Avenue South, Minneapolis, MN 55401-1900
ING Service Center: PO Box 5050, Minot, ND 58702-5050]*

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Marketing slogan: *[Your future. Made easier.]*

- We reserve the right to modify the logo to correctly reflect the corporate identity.

Page 4

Beneficiary(s):

[Beneficiary Election/Change Request - ERISA]

- The name of the form required for beneficiaries of ERISA plans may change.

Product Selection And Plan Type: *[Product/Plan Type.....Other:_____]*

- The Product/Plan Type may vary if a product/plan type is discontinued and/or a new product/plan type is introduced and available for election under this application.

[If you have elected a Roth 403(b).....is applied to this contract.]

- We reserve the right to modify if a product is discontinued and/or a new product is introduced and available for election under this application.

[If you selected a Market Value Adjusted (MVA) Annuity.....]

- We reserve the right to modify if a product is discontinued and/or a new product is introduced and available for election under this application.

Page 6

Applicant Signatures and Acknowledgements

[ING MVA ANNUITY ONLY:.....values in the contract.]

- We reserve the right to modify if a product is discontinued and/or a new product is introduced and available for election under this application.

Page 7

Insurance Producer Information and Signature

[Compensation Alternative.....Other _____]

- We reserve the right to modify to correctly reflect the current compensation alternatives offered.